



Child to parent violence when the child uses drugs or alcohol

Adfam and AVA briefing 2: Practitioners

1. Intro

The issue of child-parent violence (CPV) when the child involved uses drugs or alcohol is a complex one. Many factors come into play: the age of the perpetrator; which services (if any) see it as their role to intervene; the relationship between drug, alcohol and abuse; and society's attitudes and conceptualisation of domestic violence in general, and CPV in particular. This briefing offers any practitioner who comes into contact with victims of CPV (whether domestic violence workers, drug and alcohol practitioners or those working in dedicated family support groups workers) some practical tips on good practice in supporting affected parents and sign-posts to more in-depth resources and organisations which can offer further help and advice.

Adfam and AVA (Against Violence and Abuse) undertook a joint project gathering the experiences of parents and how and where they seek help when their children use substances and perpetrate abuse towards them. A total of 88 parents were consulted, and their experiences of the abuse and of help-seeking lie at the heart of the resulting project report *Between a rock and a hard place*. You can download the report, and an executive summary on Adfam's or AVA's website.

There is a real paucity of research into CPV, whether substance use related or not, with much of it coming from the USA or Australia. This research can be useful (some is listed at the end) but it should be remembered that the research was done in a different context and culture so some of the findings will not be applicable in the UK. Much of it, especially material on abuse perpetrated by teenagers, comes from an angle of family dynamics and conflict rather than domestic violence, so language and concepts will be different.

2. CPV – what is it and how is it different to partner violence?

CPV has many similarities with and some differences from partner violence (where one partner, usually a man, abuses a current or ex adult partner, usually a woman).

A commonly used model of domestic violence is as relevant here to CPV as it is to partner violence. Like partner violence, CPV usually involves a combination of the following:

- I. Physical abuse may include: spitting, hitting, punching, strangling/choking and assaults with weapons.
- II. Emotional abuse may deliberately play on the victim's self-esteem as a parent, with the perpetrator exploiting natural parental worries. It can include: name calling, bullying, belittling and shaming.

- III. Financial abuse may include: controlling budgets, denying victim access to funds, fraud, identity theft, blackmailing victims for money.
- IV. Coercive control may include social isolating victim, shutting down horizons, controlling who the victim sees, scaring off friends and neighbours.
- V. Sexual abuse seems to be less prevalent than with partner abuse but may include sexual name calling, exposure to inappropriate materials or sexual assault.

The sense of shame, stigma and self-blame is also similar, though may be even more pronounced with parental victims as society often sees bad behaviour by children as a function of their parenting. Parents who are victims of CPV may therefore see their own parenting as defective and themselves as having caused the abuse. The abusers may deliberately play on this by blaming the parents for their own hardships or saying ‘you did a bad job’ or ‘it’s all your fault’.

‘I one hundred per cent believe it was my fault – the partner I had at the time abused him’ – parent.

CPV can be perpetrated by children of any age. Evidence from the Adfam/AVA project indicates that perpetrators range in age from around 11 right up to adult children in their 40s. The most common age for the abuse to start was when the child was around 12-15 years old.

3. How is CPV defined?

The recent cross-departmental government consultation concluded that the definition of domestic violence should be revised to a) include coercive control b) cover 16 and 17 year olds and c) acknowledge that domestic violence is a pattern of behaviour and not a matter of isolated incidents. This has some impact on our response to CPV. With the new definition covering anyone aged 16 and over it can now be used to ‘officially’ categorise abuse by 16 and 17 year old perpetrators to their parents as domestic violence. This new change will come into effect in March 2013.

4. How does substance use affect perpetrators of CPV?

The relationship between substance use and domestic violence is complicated and not a simple causal one. Where they do co-exist it’s best to treat them concurrently as separate issues – do not assume that initiating an intervention for one will necessarily decrease the other. Although using drugs or alcohol may influence abuse in some ways (for example, injuries tend to be more severe when the abuser is intoxicated) it’s not simply the case that ‘it’s the drugs/booze talking’.

Children who abuse their parents may use any drug, or multiple drugs at the same time (poly-drug use) as well as alcohol. In some ways it’s easier to focus on the problematic behaviour rather than the type of drug taken – some parents may find alcohol sets off their child whilst other parents find their children at their most abusive or combative when sober.

Parents may focus on their child’s substance use as the problem and may conceptualise the abuse they suffer as a result of that, and not a problem in its own right. They may assume that all abuse will stop if their child gets treatment. It’s essential when working with parents to explain that they are themselves legitimate sources of support and that they may need

help. It is worth also explaining that getting their child into treatment will not necessarily stop the abuse.

5. How are families affected?

I. The effects of abuse

Effects of CPV can include stress, anxiety, depression, loss of sleep, physical injury and admission to hospital, financial troubles and prolonged family conflict.

'I've had text messages saying he'll have his legs broken if we don't pay £500 by this Friday and we've got ourselves into serious debt' - Parent

Many parents reported a lack of social confidence, decreased contact with friends, neighbours and colleagues and a fear of leaving their child alone in the home in case it was partly destroyed.

II. How parents seek help

Parents turn to a variety of sources for help: friends or family, GPs, social services, or the police in times of crisis. Evidence from the Adfam/AVA project indicates that parents across the country receive a very patchy level of support when they looked for it.

As with victims of partner violence, victims of CPV may be ashamed to look for help. If somebody they love is abusing them it's naturally going to be very difficult to come to terms with it and make the big step of 'naming it' by asking for help. Two levels of shame and stigma here come into play. Firstly, the abuser is using drugs or alcohol. Some drug use (especially heroin and crack and, in some cases, alcohol) is viewed with stigma and shame by many. Secondly the abuser is the victim's own child. For a person to admit that their own child is abusing them is still very taboo as it goes against our natural instincts, as well as the way society characterises parenting.

6. Supporting and referring on clients affected by CPV

Please note that not all the sections below will necessarily be relevant to you. Each situation will require the professional judgement of the practitioner involved. The sections below provides some information and tools which may be useful in providing support.

I. Family support groups

These exist around the country for families affected by substance use. These have usually been set up by families who could not find the support they needed and decided to do it for themselves. These groups are safe places for families, and are highly rated as non-judgemental and oases of calm, suitable for proving both emotional support and practical coping strategies. Although parents may not feel comfortable talking about CPV in the group they can still find them useful and supportive as understanding places. You can search [Adfam's online map](#) of support groups.

'You can talk to strangers when you can't talk to your own family. I get too upset. My twin sister doesn't know my son is a drug addict and he's been an addict for twenty years.' – parent.

II. Signposting substance user to treatment and encouraging parents involvement

Parents are likely to be very keen to get their child into treatment. This should be encouraged and pursued through the normal routes and relationships you have established with local drug and alcohol services. Evidence indicates that anyone entering treatment with the backing and support of their family will have better outcomes and more likely to make some kind of recovery. This adds a certain complexity to the relationship, then, with the victim being a vital part of the perpetrator's recovery capital as parent.

III. Encouraging disclosure from parents

Encouraging disclosure of CPV is essential. Parents affected by the issue may have taken a long time to come to terms with it within their own head, let alone to the extent of saying the words out loud to a stranger and 'making it real'. Parents need to be given hints and non-verbal messages that the services they access are safe places where they can disclose CPV. Putting up a poster in the waiting room which says that visitors are entering a safe place where they will be believed and supported, and can talk about abuse, can be useful. Making female staff available for mums and male staff for dads is another measure that may encourage disclosure, especially if the CPV has a sexual element.

Avoid making assumptions about the possibility of CPV taking place (for instance assuming that because someone is a parent they always have control over their child's bad behaviour or that the behaviour is always a direct result of parenting style) and talk to the parents with an open mind and a non-judgemental attitude. Remember that some children and young teenagers can be physically very developed and their aggressive behaviour can be very intimidating at times.

Make asking about CPV part of your routine screening. Bear in mind, though, that many parents will not conceptualise what they are going through as domestic violence. They may think about the CPV in completely different terms and you might need to use different language when asking about it. Questions you could use instead are:

- a) Does your child ever frighten you?
- b) Do you spend a lot of time trying to keep your child happy?
- c) What happens when your child is angry?

IV. Safety planning with parents

Safety-planning for the parent should take place in the same way as for victims of partner violence – that is to say as an individual, personalised, practical exercise conducted in partnership with the victim to safeguard their physical safety. Work together to develop a plan for what happens in unsafe circumstances. It should focus on practical measures which will safeguard the parent and other family members, such as the possibility of having a safe room with a lock which can be accessed in extremis, avoiding having arguments near the top of the stairs or near the knife drawer etc.

Other children should be included, both in terms of keeping them safe and training them in an age appropriate way to ask for help or ring the police if the abuse escalates to an unsafe level.

V. Multi Agency Risk Assessment Conferences (MARACS)

MARACS can be used for victims of CPV in the same way as for victims of partner violence. MARACs bring together all the relevant local services to consider high risk domestic violence cases. MARACS represent an ideal way in escalating cases of CPV you come across. Use an assessment tool such as the CAADA DASH risk assessment ([available online](#) (pdf)) to assess need. If you are not familiar with the MARAC process your local domestic violence service will be able to advise you.

If you are working with someone whose situation you believe to be serious enough to refer to a MARAC contact your MARAC coordinator: they will usually be located in your police or local authority community safety team. An Independent Domestic Violence Advocate/Advisor (IDVA) will be allocated to act as the voice for your client at the MARAC meeting.

VI. The Police

You should tell the parents you work with that they can call the police just as any other person can. They may well feel the additional stigma of calling the police about their own child, but if they believe themselves, the abuser or anyone else to be in immediate danger they should call the police who have a duty to respond as they would to anyone else. The police can arrest perpetrators aged 14 upwards.

VII. Social services

Social services can be a useful resource but it's worth bearing in mind that their priority will always be towards safe-guarding children. Evidence from the project clearly showed that some parents who went to social services for help felt blamed for their child's behaviour and were not treated as a deserving recipient of support. Social services may be able to sign-post towards parenting programmes which some parents found useful.

7. Useful resources and links

- I. The full project report for the *Between a rock and a hard place* project is available on both the Adfam and AVA websites. A shorter executive summary is also available. [Read online.](#)
- II. The Adfam website can be used to signpost parents to their nearest family support group. A [dedicated map](#) on the site hosts details of all the family support groups and is searchable by postcode and street location. The exact services provided by each service will vary.
- III. Adfam produce a range of resources for practitioners supporting families affected by drug and alcohol use. A series called [Journeys](#) covers the various relationships that exist between family members when someone uses drugs or alcohol and includes '*When your child uses drugs*'.

- IV. The [FRANK website](#) is a Home Office funded website which aims to educate young people on drugs. Evidence suggests that it's also widely used by parents, in some cases more frequently than young people themselves who may be more influenced by peers.
- V. The [Club Drugs Clinic](#) is an excellent resource based at the Chelsea and Westminster Hospital. It has a phone-line and an email address which can be used by anyone who is worried about their club drug use to refer themselves to the clinic and get some advice. It can also be accessed by worried family members. The clinic is currently carrying out new research into under-researched drugs such as crystal meth and mephedrone.
- VI. [Coordinated Action Against Domestic Abuse \(CAADA\)](#) offer a wide variety of resources useful to supporting high risk victims of CPV, including guidance on MARACs.
- VII. [Respect](#) are the national membership body for perpetrator programmes and are currently doing some work on developing a perpetrator programme for the under-21s.
- VIII. [AVA's Stella Project](#) looks specifically at the intersection of substance use and domestic violence. AVA have produced a handbook which contains good practice on working with victims around these two issues which contains lots of information, much of which is relevant to victims of CPV.
- IX. There are several pieces of research of interest on this topic.
Galvani, S., 2010, [Supporting families affected by substance use and domestic violence](#) (pdf), The Tilda Goldberg Centre for Social Work and Social Care: University of Bedfordshire.
Bonnick, H., 2006, [Access to help for parents feeling victimised or experiencing abuse at the hands of their teenage children](#) (pdf).